

AKRON BOARD OF ZONING APPEALS

To: The Board of Zoning Appeals, Akron, Ohio Date: _____

The undersigned (circle one) **owner / holder of option / lessee /** _____
of the property herein involved, does hereby petition for a variance of the Zoning Code to the
Board of Zoning Appeals.

SUPPORTING INFORMATION

IF ALL THE APPLICABLE PROVISIONS BELOW ARE NOT SUPPLIED WITH THIS PETITION,
NORMAL PROCESSING WILL NOT OCCUR UNTIL ALL ITEMS ARE SUBMITTED.

1. The property is addressed as (or has frontage on): _____

2. I am requesting permission to: _____

3. My reasons for this request are: _____

4. Attach two (2) sets of plans **drawn to scale** including:

Street names and addresses
Location of property
Location of building(s)
Dimensions of property
and building(s)

Parking
Circulation drives
Traffic access
Loading areas

Landscaping
Yards
Open space
Interior arrangement

Building elevations
Signs
Utilities
Refuse & service areas

5. Attach **photographs** of the existing site, sufficiently labeled.

6. If plans were drawn using AutoCAD, please submit a copy on a **CD-ROM**. (See specification list.)
Please label the disk with the name of applicant and the site address.

PRINT / TYPE name of **OWNER(S)** _____

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Email: _____

PRINT / TYPE name of **__Holder of option __Lessee** _____

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Email: _____

ALSO NOTIFY:

PRINT or TYPE name

Relationship to Petitioner (agent, attorney, principal, etc.)

SIGNATURE:_____

Address:_____

City, State:_____

Zip:_____ Phone: (_____) _____

Email: _____

ALSO NOTIFY:

PRINT or TYPE name

Relationship to Petitioner (agent, attorney, principal, etc.)

SIGNATURE:_____

Address:_____

City, State:_____

Zip:_____ Phone: (_____) _____

Email: _____

A NON-REFUNDABLE FILING FEE shall accompany this petition upon submittal to
The Department of Planning and Urban Development
Municipal Building Room 405, 166 S. High Street, Akron, OH 44308-1628

Please make CHECKS PAYABLE to City of Akron.

DO NOT WRITE BELOW THIS LINE

Reason(s) for requiring an Appeal or Application is/are:_____

Signature of Zoning Manager

This is to certify that a fee of \$_____ has been received for investigation incident to this proposal. (\$75.00)

Receipt #_____

Appeal #_____ -2017-Z

Signature of City Employee

Councilperson _____ Ward _____

Title

COUNCIL TIME STAMP

ZONING TIME STAMP

2017

AKRON BOARD OF ZONING APPEALS

MEETING

FILE DATE

JANUARY 25, 2017

DECEMBER 8, 2016

FEBRUARY 22, 2017

JANUARY 18, 2017

MARCH 29, 2017

FEBRUARY 15, 2017

APRIL 26, 2017

MARCH 22, 2017

MAY 24, 2017

APRIL 19, 2017

JUNE 21, 2017

MAY 17, 2017

JULY 26, 2017

JUNE 21, 2017

AUGUST 30, 2017

JULY 26, 2017

SEPTEMBER 27, 2017

AUGUST 23, 2017

OCTOBER 25, 2017

SEPTEMBER 20, 2017

NOVEMBER 29, 2017

OCTOBER 25, 2017

DECEMBER 20, 2017

NOVEMBER 22, 2017

In order to become ELIGIBLE for placement on the above meeting dates, the accompanying petition/appeal must meet all of the requirements as listed in the petition/appeal. Submission on or before the file date does not guarantee placement on the corresponding meeting's agenda but enables you to become eligible for the meeting.